

# Request for Long Term Substitute Teacher of More Than 30 Days

Please enter the email address of the Superintendent or Superintendent's designee below.

\* Required

Email address \*

Work email of Superintendent or Superintendent's designee

School District \*

This will be a drop down selection

School Name \*

This will be a drop down selection

School LEA Number \*

School 7 digit LEA or District 7 digit LEA only if this is a District position

Semester Requested (A LONG-TERM SUBSTITUTE WILL NOT BE APPROVED FOR MORE THAN TWO CONSECUTIVE SEMESTERS) \*

This will be a drop down selection

School Year \*

This will be a drop down selection

End of page 1 select **NEXT**

# Request for Long Term Substitute Teacher of More Than 30 Days

\* Required

## Teacher of Record Information

Last Name

If no teacher of record, leave blank

First Name

If no teacher of record, leave blank

Last Date Worked

MM DD YYYY

Subject Area Teaching

Your answer

Grade level of license required for this class \*

Drop down selection

Reason for Absence \*

Drop down selection

If you answered "other" to the question above please describe the reason.

Your answer

End of page 2 select **BACK** or **NEXT**

# Request for Long Term Substitute Teacher of More Than 30 Days

\* Required

## Substitute Information

All long term Substitutes must have current background check information on file with the ADE.

Last Name \*

Your answer

First Name \*

Your answer

Last Four Digits of Social Security Number \*

Your answer

Degree Conferred \*

Drop down selection

Major / Minor \*

Your answer

Does the substitute have a current license in the area being taught? \*

Drop down selection

First date in this position \*

MM DD YYYY

Justification of Need \*

Drop down selection

If other was selected above please explain why.

Your answer

End of page 3 select BACK or NEXT

# Request for Long Term Substitute Teacher of More Than 30 Days

\* Required

Superintendent Signature

I hereby authorize the request made in this application as the: \*

☐ Superintendent You will select one box

☐ Superintendent's Designee

Electronic Signature \*

Please type your first name and last name below.

Your answer

Approval of Legal Signature \*

☐ I understand that checking this box constitutes a legal signature confirming that I am the Superintendent or the Superintendent's official designee, and acknowledge my signature is being used to authorize this request. Checking the box is required

A copy of your responses will be emailed to the address you provided.

End of Form select **BACK or SUBMIT**